CLAIMS ONLY

Application Number	Filing Date
10057952	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9	1						59					
10	cancel						60					
11		2					61					
12		2					62					
13	cancel						63					
14	1						64					
15		1					65					
16	1						66					
17	1						67					
18		1					68					
19							69					
20							70					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	13						Total Depend					
Total Claims	18						Total Claims					